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Application Data Sheet

Application Information

Application Type:: National Stage
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: PROCESS AND DEVICE FOR AUDIO-VISUAL PROGRAM EDITING
Attorney Docket Number:: 0657-1003
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 2A
Total Drawing Sheets:: 4
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: ALAIN
Middle Name:: JEAN-JACQUES
Family Name:: MOLINIE
Name Suffix::
City of Residence:: CASTEINAU-LE-LEZ
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 210, CHEMIN DE LA ROCHEUSE
Address::
City of Mailing Address:: CASTEINAU-LE-LEZ
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-34170

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: ERIC
Middle Name:: HENRI
Family Name:: LAVIGNE
Name Suffix::
City of Residence:: SAINT-AUNES
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 171, RUE DES NORALES
Address::
City of Mailing Address:: SAINT-AUNES

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 34130

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: VINCENT
Middle Name:: POL
Family Name:: LECLAIRE
Name Suffix::
City of Residence:: MONTPELLIER
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 69, RUE DES FAIENCERS
Address::
City of Mailing Address:: MONTPELLIER
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-34070

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/IB2006/000179	2/1/06

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	05 01061	2/1/05	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::